

FY 2007, 2008, 2009 PERFORMANCE (GPRA) MEASURES

Performance Measure	FY 2007 Target	FY 2008 Target	FY 2009 Target	Measure Lead
TREATMENT MEASURES				
Diabetes Group				
1. Diabetes: Poor Glycemic Control: Proportion of patients with diagnosed diabetes with poor glycemic control (A1c > 9.5). [outcome]	Decrease the rate to 15% (18% audit) Note: Increase in A1c>9.5 is a negative result Result: 16% (19% audit) Not Met	Maintain at the FY 2007 rate of 16% (19% audit)	Achieve target rate of 17% (19% audit)	Kelly Acton OCPS/DDTP, 505-248-4182
2. Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control (A1c < 7.0). [outcome]	Increase the rate to 32% (1% above the FY 2006 rate of 31%) (37% audit) Result: 31% (38% audit) Not Met	Maintain the FY 2007 rate of 31% (38% audit)	Achieve target rate of 29% (38% audit)	Kelly Acton OCPS/DDTP, 505-248-4182
3. Diabetes: Blood Pressure Control: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (<130/80). [outcome]	Maintain at the FY 2006 rate of 37% (38% audit) Result: 39% (38% audit) Met	Maintain at the FY 2007 rate of 39% (38% audit)	Achieve target rate of 37% (38% audit)	Kelly Acton OCPS/DDTP, 505-248-4182
4. Diabetes: Dyslipidemia Assessment: Proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol). [outcome]	Maintain at the FY 2006 rate of 60% (73% audit) Result: 61% (74% audit) Met	Maintain at the FY 2007 target rate of 61% (74% audit)	Achieve target rate of 58% (74% audit)	Kelly Acton OCPS/DDTP, 505-248-4182
5. Diabetes: Nephropathy Assessment: Proportion of patients with diagnosed diabetes assessed for nephropathy. [outcome]	Establish the baseline rate of assessment based on new, more stringent standard of care (61% audit) Result: 40% Baseline Met	Maintain at the FY 2007 baseline rate 40% (baseline audit)	Achieve target rate of 38% (maintain audit)	Kelly Acton OCPS/DDTP, 505-248-4182
6. Diabetic Retinopathy: Proportion of patients with diagnosed diabetes who receive an annual retinal examination. [outcome]	Maintain at the FY 2006 baseline rate of 49% at all sites Result: 49% Met	Maintain at the FY 2007 rate of 49%	Achieve target rate of 47%	Mark Horton, PIMC 602-263-1200 ext 2217 602-820-7654 (cell)
Cancer Screening Group				

Performance Measure	FY 2007 Target	FY 2008 Target	FY 2009 Target	Measure Lead
7. Cancer Screening: Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years. [outcome]	Increase the rate to 60% (1% above the FY 2006 rate of 59%) Result: 59% Not Met	Maintain at the FY 2007 rate of 59%	Achieve target rate of 56%	Carolyn Aoyama, DNS/OCPS, 301-443-1840
8. Cancer Screening: Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years. [outcome]	Maintain at the FY 2006 rate of 41% Result: 43% Met	Maintain at the FY 2007 rate of 43%	Achieve target rate of 40%	Carolyn Aoyama, DNS/OCPS, 301-443-1840
9. Cancer Screening: Colorectal Rates: Proportion of eligible patients who have had appropriate colorectal cancer screening. [outcome]	Maintain at the FY 2006 baseline rate of 22% Result: 26% Met	Maintain at the FY 2007 rate of 26%	Achieve target rate of 24%	Nat Cobb, OPHS/Epi, 505-248-4132
Alcohol and Substance Abuse Group				
10. RTC Improvement/Accreditation: Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more). [output]	Maintain 100% accreditation rate Result: 91% Not Met	Increase to 100% accreditation rate	Maintain the FY 2008 target of 100% accreditation rate	Wilbur Woodis, OCPS/DBH, 301- 443-6581
11. Alcohol Screening (FAS Prevention): Alcohol use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients. [outcome]	Maintain at the FY 2006 rate of 28% Result: 41% Met	Maintain at the FY 2007 rate of 41%	Maintain at the FY 2008 target rate of 41%	Wilbur Woodis, OCPS/DBH, 301- 443-6581
Oral Health Group				
12. Topical Fluorides: Number of patients receiving one or more topical fluoride. [outcome]	Maintain at the FY 2006 rate of 95,439 patients receiving topical fluoride Result: 107,934 patients Met	Maintain at the FY 2007 rate of 107,934 patients receiving topical fluoride	Achieve target rate of 102,537 patients receiving topical fluoride	Patrick Blahut, OCPS/DOH, 301-443-1106
13. Dental Access: Percent of patients who receive dental services. [outcome]	Increase the rate to 24% (1% above the FY 2006 rate of 23%) Result: 25% Met	Maintain at the FY 2007 rate of 25%	Achieve target rate of 24%	Patrick Blahut, OCPS/DOH, 301-443-1106

Performance Measure	FY 2007 Target	FY 2008 Target	FY 2009 Target	Measure Lead
14. Dental Sealants: Number of sealants placed per year in AI/AN patients. [outcome]	Maintain at the FY 2006 rate of 246,645 Result: 245,449 Not Met	Maintain at the FY 2007 rate of 245,449	Achieve target rate of 233,177	Patrick Blahut, OCPS/DOH, 301-443-1106
Family Violence, Abuse, and Neglect Measure				
16. Domestic (Intimate Partner) Violence Screening: Proportion of women who are screened for domestic violence at health care facilities. [outcome]	Maintain at the FY 2006 rate of 28% Result: 36% Met	Maintain at the FY 2007 rate of 36%	Maintain at the FY 2008 target rate of 36%	Denise Grenier, ITSC, Tucson, 520-670-4865
Information Technology Development Group				
17. Data Quality Improvement: Number of GPRA clinical performance measures that can be reported by CRS software. [output]	All clinical GPRA performance measures will be reported using CRS software Result: All reported Met	Eliminate in FY 2008	Eliminated in FY 2008	Theresa Cullen, CIO, OIT, 301-443-9848
18. Depression Screening: Proportion of adults ages 18 and over who are screened for depression. [outcome]	Maintain at the FY 2006 baseline rate of 15% Result: 24% Met	Maintain at the FY 2007 rate of 24%	Maintain at the FY 2008 target rate of 24%	Wilbur Woodis, OCPS/DBH, 301-443-6581
Quality of Care Group				
20. Accreditation: Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities). [output]	Maintain 100% accreditation rate Result: 100% accredited Met	Maintain 100% accreditation rate	Maintain 100% accreditation rate	Balerna Burgess, ORAP/BOE, 301-443-1016
21. Patient Safety: Development and deployment of patient safety measurement system [efficiency]	Develop patient safety measurement system and deploy to 7 sites Result: 64 sites Met	Deploy system to 10 additional sites (74 sites)	Deploy system to 10 additional sites (84 sites)	Sheila Warren, OCPS 301-443-9058 Theresa Cullen, CIO, OIT, 301-443-9848

Performance Measure	FY 2007 Target	FY 2008 Target	FY 2009 Target	Measure Lead
42. Scholarships: Proportion of Health Profession Scholarship recipients placed in Indian health settings within 90 days of graduation. [outcome]	Increase the rate to 42% (5% over the FY 2006 rate of 37%) Result: 47% Met	Increase the rate to 52% (5% over the FY 2007 rate of 47%)	Increase the rate to 60% (8% over the FY 2008 target rate of 52%)	Georgianna Old Elk, OPHS, 301-443-2349
PREVENTION MEASURES				
Public Health Nursing Measure				
23. Public Health Nursing: Develop and implement data system to record time spent and nature of public health activities other than one-on-one patient care, with an emphasis on activities that serve groups or the entire community [output]	Establish a baseline of time spent and nature of public health activities Result: Baseline of 427,700 Met	Increase 5% over the FY 2007 baseline to 449,085	Maintain the FY 2008 target of 449,085	Cheryl Peterson, OCPS, 301-443-1840
Immunization Group				
24. Childhood Immunizations: Combined (4:3:1:3:3) immunization rates for AI/AN patients aged 19-35 months. [outcome]	Maintain at the FY 2006 CRS rate of 78% Result: 78% Met	Maintain at the FY 2007 target rate of 78% CRS	Achieve target rate of 76%	Amy Groom/Jim Cheek, OPHS/Epi, 505-248-4226 Cheryl Peterson, OCPS 301-443-1840
25. Adult Immunizations: Influenza: Influenza vaccination rates among adult patients age 65 years and older. [outcome]	Increase the rate to 59% (1% over the FY 2006 rate of 58%) Result: 59% Met	Maintain at the FY 2007 rate of 59%	Achieve target rate of 58%	Amy Groom/Jim Cheek, OPHS/Epi, 505-248-4226 Cheryl Peterson, OCPS 301-443-1840
26. Adult Immunizations: Pneumovax: Pneumococcal vaccination rates among adult patients age 65 years and older. [outcome]	Increase the rate to 76% (2% over the FY 2006 rate of 74%) Result: 79% Met	Maintain at the FY 2007 rate of 79%	Achieve target rate of 77%	Amy Groom/Jim Cheek, OPHS/Epi, 505-248-4226 Cheryl Peterson, OCPS 301-443-1840
Injury Prevention Group				

Performance Measure	FY 2007 Target	FY 2008 Target	FY 2009 Target	Measure Lead
<u>27. Injury Intervention:</u> Number of community-based injury prevention projects per Area [output] In FY 2008 measure changes to Injury Intervention (Motor Vehicle Injuries): Occupant protection restraint use	Conduct at least three community injury prevention projects in each Area and report them using the automated tracking system. Result: 3 projects/Area Met	Administer a recognized occupant protection survey in 11 IHS Areas, in order to establish a baseline for restraint use.	1 pilot (implementing a comprehensive intervention designed to increase restraint use) per Area	Nancy Bill, OEHE/DEHS, 301-443-0105
<u>28. Unintentional Injury Rates:</u> Unintentional injury mortality rate in AI/AN people (three-year rates centered on mid-year). [outcome]	Maintain the unintentional injury mortality rate at 94.8 per 100,000 Result: Due 12/2011 Pending	Maintain the unintentional injury mortality rate at 94.8 per 100,000	Eliminated as annual measure – changes to long term	Nancy Bill, OEHE/DEHS, 301-443-0105
Suicide Prevention Measure				
<u>29. Suicide Surveillance:</u> Increase the incidence of suicidal behavior reporting by health care (or mental health) providers [output]	Maintain at the FY 2006 baseline of 1603 suicidal behavior report forms completed and submitted Result: 1674 Met	Increase the number of suicidal behavior report forms completed and submitted to 1758	Increase the number of suicidal behavior report forms completed and submitted to 1846	Wilbur Woodis, OCPS/DBH, 301-443-6581
Developmental Prevention and Treatment Group				
<u>30. CVD Prevention: Comprehensive Assessment:</u> Proportion of at risk patients who have a comprehensive assessment for all CVD-related risk factors.	<u>CVD Prevention: Comprehensive Assessment:</u> Establish the baseline rate of at-risk patients who have a comprehensive assessment Result: Baseline of 30% Met	Maintain at the FY 2007 baseline rate of 30%	Maintain at the FY 2008 target rate 30%	Mark Veazie, IHS/PHX, 928-214-3920
<u>31. Childhood Weight Control:</u> Proportion of children ages 2-5 years with a BMI of 95% or higher. [outcome]	Maintain at the FY 2006 baseline rate of 24% Result: 24% Met	Maintain at the FY 2007 rate of 24%	Eliminated as annual measure – changes to long term	Tammy Brown OCPS/DDTP, 505-248-4182

Performance Measure	FY 2007 Target	FY 2008 Target	FY 2009 Target	Measure Lead
<u>32. Tobacco Cessation Intervention:</u> Proportion of tobacco-using patients that receive tobacco cessation intervention [outcome]	Maintain at the FY 2006 baseline rate of 12% Result: 16% Met	Maintain at the FY 2007 rate of 16%	Maintain at the FY 2008 target rate of 16%	Nat Cobb, OPHS/Epi, 505-248-4132
HIV/AIDS Measure				
<u>33. HIV Screening:</u> Proportion of pregnant women screened for HIV. [outcome]	Maintain at the FY 2006 rate of 65% Result: 74% Met	Maintain at the FY 2007 rate of 74%	Achieve target rate of 72%	Jim Cheek, DPHS/Epi, 505-248-4226

Performance Measure	FY 2007 Target	FY 2008 Target	FY 2009 Proposed Target	Measure Lead
Environmental Surveillance Measure				
34. Environmental Surveillance: Number of environmental health programs reporting regionally appropriate environmental health priorities based on current community data into automated web-based environmental health surveillance data collection system (WebEHRS). In FY 2008 measure changes to Environmental Surveillance: Identify and address environmental risk factors in communities. [output]	Increase the number of reporting environmental health programs by 60% over the 2006 target (a total of 29 programs) Result: 32 programs Met	Establish a baseline of common environmental risk factors in communities.	3 interventions (to address one risk factor identified in 2008) per Area	Kelly Taylor, OEHE/DEHS, 301-443-1593
CAPITAL PROGRAMMING/INFRASTRUCTURE MEASURES				
35. Sanitation Improvement: Number of new or like-new AI/AN homes and existing homes provided with sanitation facilities. [outcome]	Provide sanitation facilities to 23,000 homes Result: 21,819 Not Met	Provide sanitation facilities to 21,800 homes	Provide sanitation facilities to 21,375 homes	James Ludington, OEHE/DSFC, 301-443-1046
35A. Sanitation Improvement: Percentage of existing homes served by the program at Deficiency Level 4 or above as defined by 25 USC 1632. [outcome]	Maintain the proportion of homes at Deficiency Level 4 or above that are provided sanitation facilities at the FY 2006 rate of 35% Result: 45%	Maintain the proportion of homes at Deficiency Level 4 or above that are provided sanitation facilities at the FY 2007 target rate of 35%	Maintain the proportion of homes at Deficiency Level 4 or above that are provided sanitation facilities at the FY 2008 target rate of 35%	James Ludington, OEHE/DSFC, 301-443-1046
36. Health Care Facility Construction: Number of Health Care Facilities Construction projects completed. [efficiency]	Complete construction of replacement health centers at Sisseton, SD and Clinton, OK Result: 2 completed Met	Complete construction of one replacement health center	Complete construction of one replacement health center	Jose Cuzme, OEHE/DFPC, 301-443-8616